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Office Use Only



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COVER LETTER

RJAHF 13- SUBJECT:	TWG Iowa Apartment L.L.C.			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William K. Budd			
	·	Name of Person		
	Raymond James Tax Cred	it Funds, Inc.		
Firm/Company				
	880 Carillon Parkway			
	<u> </u>	Address		
	St. Petersburg, FL 33716			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	bill.budd@raymondjames.c			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
William K. Budd		727 567-4820		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section **Division of Corporations**

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJAHF 13-TWG Iowa Apartment L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 14, 2019 _ and assigned Florida document number _ L19000207233 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raymond James Tax Credit Fund XX L.L.C.	880 Carillon Parkway	□Add
		St. Petersburg, FL 33716	≡ Removc
MGR	Raymond James Affordable Housing Fund 13 L.L.C.	880 Carillon Parkway	■Add
		St. Petersburg, FL 33716	□ Remove
			□Change
			□Add
			□Remove
		, <u></u>	
	 		
			□ Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change

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E. Effe	ctive date, if other than the c	date of filing:	(optional)
			of filing or more than 90 days after filing tatutory filing requirements, this date	
doci	iment's effective date on the De	partment of State's records.	actions, the contract of the c	
			effective time, at 12:01 a.m.	on the earlier o
(b) TI	ne 90th day after the reco	ord is filed.		
	November 22	2019		
Date	ed		٨	
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Typed or printed name of signee